Revision:

HCFA-PM-91-4

August 1991

(BPD)

OMB No.: 0938-

State: Mississippi

Citation

3.5 Families Receiving Extended Medicaid Benefits

1902(a)(52) and 1925 of the Act

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6month period of extended Medicaid benefits under section 1925 of the Act are--
 - Equal in amount, duration, and scope to services $\sqrt{\mathbf{x}}$ provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
 - Γ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
 - Nursing facility services (other than 11 services in an institution for mental diseases) for individuals 21 years of age or older.
 - Medical or remedial care provided by // licensed practitioners.
 - 11 Home health services.

TN No. 92-02Supersedes TN No. 90-15 Effective Date January 1, 1992 Approval Date March 16, 1992 Date Received January 30, 1992

Revision:	HCFA-PM-91 August 1991	-4	(BPD)	OMB No.: 0938-
State:	Mississippi			•
Citation	3.5	Families	Receiving Extended Me	edicaid Benefits (continued)
		<u> </u>		ng services.
		<u> </u>		nd related services.
		Ī	Other diagnostic, rehabilitation serv	screening, preventive, and ices.
		<u> </u>		services and nursing facility duals 65 years of age or over r mental diseases.
		<u> </u>	_/ Intermediate care mentally retarded.	facility services for the
	÷	<u> </u>	_/ Inpatient psychiat under age 21.	ric services for individuals
		Ī	_/ Hospice services.	
		<u> </u>	_/ Respiratory care s	ervices.
		<u> Ī</u>		care and any other type of ognized under State law and ecretary.

TN No. 92-02 Supersedes TN No. 87-9 Approval Date March 16, 1992
Date Received January 30, 1992

HCFA ID: 7982E

Revision:	HCFA-PM-9 August 1991		4		PD)	OMB No.: 0938-
State:	Mississipp	i				·
Citation	3.5	Famil	amilies Receiving Extended Medicaid Benefits (continued)			
		(c)	<u> </u>	enro simil care	llment f ar cost	y pays the family's premiums, ees, deductibles, coinsurance, and s for health plans offered by the employer as payments for medical
				<u></u>	1st 6 mc	onths $\sqrt{}$ 2nd 6 months
			<u> </u>	empl		requires caretakers to enroll in health plans as a condition of
				<u></u>	1st 6 mc	onths $\sqrt{}$ 2nd 6 months
	±	(d)	<u> </u>	(1)	to far	ledicaid agency provides assistance milies during the second 6-month of extended Medicaid benefits ghthe following alternative methods:
					<u> </u>	Enrollment in the family option of an employer's health plan.
					<u> </u>	Enrollment in the family option of a State employee health plan.
					<u> </u>	Enrollment in the State health plan for the uninsured.
					<u> </u>	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 92-02 Supersedes TN No. 90-12 Effective Date January 1, 1992
Approval Date March 16, 1992
Date Received January 30, 1992

Revision:

HCFA-PM-91-4

August 1991

(BPD)

OMB No.: 0938-

State: Mississippi

Citation

3.5 Families Receiving Extended Medicaid Benefits (continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-02 Supersedes TN No. 90-12 Effective Date
Approval Date
Date Received

January 1, 1992

March 16, 1992

January 30, 1992

HCFA ID: 7982E